

## What's a Good e-Measure?

- Required for 2016
- Required for 2014

Type of Measure	Usability	Feasibility	Accuracy	Standard Terminology
Standard process measure	<input checked="" type="checkbox"/> <b><u>Data for the measure are captured in typical workflow or with reasonable workflow changes.</u></b> <input checked="" type="checkbox"/> The measure does not require the duplication of data purely for the measure.	<input checked="" type="checkbox"/> The functionality to capture the data is required by in 2014 EHR certification <input checked="" type="checkbox"/> The measure is enabled by electronic data capture that isn't available using paper.	<input checked="" type="checkbox"/> Context and/or provenance are available and required by certification if needed by the measure. <input checked="" type="checkbox"/> Clinically relevant exceptions and exclusions are fully defined and available in the EHR.	<input checked="" type="checkbox"/> <b><u>A standard terminology is defined in the certification criteria for all data elements in the measure.</u></b> <input checked="" type="checkbox"/> <b><u>Certification requires testing for functionality to enable mapping of existing data to the standard terminology.</u></b> <input checked="" type="checkbox"/> What is the prevalence of use of The standard terminologies are in use and/or required for certification.
"Closing the loop" communication measures	<input checked="" type="checkbox"/> <b><u>The communication process is being tracked as part of typical workflow.</u></b>	<input checked="" type="checkbox"/> There is health information exchange between relevant providers.	<input checked="" type="checkbox"/> Methods exist for "passive" capture rather than "checkbox" capture of communication events	<input checked="" type="checkbox"/> Standard terminology exists for documentation of communication events.
Change in condition measures (Delta measures) (Example, change inA1C value)	<input checked="" type="checkbox"/> Measures are valid and relevant/ understandable to clinicians <input checked="" type="checkbox"/> Patient population will be large enough and will have enough patients who meet the return time requirements.	<input checked="" type="checkbox"/> Does there need to be a lag time between the time when data is required by certification and when the measure time period starts? (to allow for clinical data to be captured)		

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Outcome measure	<input checked="" type="checkbox"/> The patient population is consistent enough to track the outcomes for the necessary timeframe.		<input checked="" type="checkbox"/> Data is available to risk adjust the measure. (and is there a validated algorithm?) – e.g 30 day readmission and comparing community hospital to academic medical center and needing to risk adjust for the population <input checked="" type="checkbox"/> If there is a high risk of workarounds to avoid penalty, Data is “tracked” that would allow for diagnosis of workarounds. (30 day readmit but hospital is using 24 hour observation to avoid penalty)	
Patient-reported outcome measure (Example, outcome after knee replacement surgery)	<input checked="" type="checkbox"/> The time period required is recorded in typical workflow (e.g. if something is recorded on Jan 1 and the measure says 3 months, what happens if the patient is better and not coming in at 3 months? Also, is the date/time recorded for both selections?	<input checked="" type="checkbox"/> There is currently a mechanism to record the data in the EHR.	<input checked="" type="checkbox"/> The source of the data recorded.	<input checked="" type="checkbox"/> There is an existing standard terminology.